Saskatoon Health Region

Annual Report

2016-2017

Saskatoon Health Region

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Visit www.saskatoonhealthregion.ca/news/media-centre/Pages/Annual-Report.aspx for an electronic copy of our annual report.

Letter of Transmittal from the Chair

June 2, 2017
Honourable Jim Reiter, Minister of Health
Room 204, Legislative Building
2405 Legislative Drive
Regina SK S4S 0B3

Dear Minister Reiter,

The Saskatoon Regional Health Authority is pleased to provide you and the residents of Saskatchewan with the Saskatoon Health Region 2016-2017 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the Region for the year ended March 31, 2017.

Later this year, the 12 regional health authorities will be combined to form a single Provincial Health Authority. As we say goodbye to Saskatoon Health Region, I would like to take the opportunity to reflect on the past 15 years.

Our Region was established as Regional Health Authority No. 6 in August of 2002, and began operating under the name Saskatoon Health Region in late November of the same year. At that time, the Region served more than 300,000 residents in more than 100 cities, towns, rural municipalities and First Nations from Radisson to Wadena and Duck Lake to Strasbourg, covering a geographic area approximately half the size of the province of New Brunswick. The Region was also the largest employer in the province with 10,800 staff members, including more than 700 medical staff.

Today, we serve approximately 350,000 local residents, and as a tertiary care centre, we provide care to thousands more across the province every day - those who need cardiac surgeries, kidney transplants, care after they have suffered a stroke, neurosurgery, or other specialist treatments not available in their home hospitals.

To meet increased demand for our services, our board has focused on innovation over the years to deliver quality services to Saskatchewan people while remaining responsible stewards of public funding. In the past year alone, we reduced our costs while increasing our services and improving quality through a variety of initiatives across the Region, from listing emergency wait times online to developing new models of care that ensure the patient remains the focus of our health care services.

As a board, we are very proud of what we have accomplished as a Region over the past 15 years, and we look forward to what the future will bring for health care delivery in Saskatchewan.

Respectfully submitted,

Mike Stensrud
Chairperson, Saskatoon Regional Health Authority

Message from the President and CEO

This is the last annual report message I will write as president and CEO of Saskatoon Health Region.

Very soon, what was Saskatoon Health Region will be part of a new, single provincial health authority. At this time, much of the organizational structure for the authority is still being determined. But I can see only good things ahead for us all with this new entity, which will break down artificial barriers put there by regional boundaries, and spread best practices across the entire province, leading to better care for all of our patients, clients and residents.

Change can be difficult, and this is no exception. A lot will be asked of all of us during this time of uncertainly. But I have no doubt health care will emerge from this cycle of change much stronger than it was before, and everyone in the province will benefit from an improved system.

During our last year as Saskatoon Health Region, we focused much of our effort on our budget – closing the gap between our revenues and expenses while still meeting the needs of all those who came to us for care. We set a goal of saving $23.3 million through 172 sustainability initiatives and exceeded that goal. We finished the year with $4.28 million surplus.

Pushing forward to realize these savings was tough work and each member of our staff should be commended for their contribution to surpassing our sustainability goal.

Also in the past year, we have made great strides in implementing further portions of the Patient First Management System. The cellular model, which surrounds managers with the right supports so they can spend more time with their people and patients on their units, has continued to launch and currently 23 out of 31 cells have been deployed.

Interdisciplinary rounds were initiated on some units in the past year. These rounds bring all members of the health care team to the bedside to ensure everyone is working together on the same timeline and goals with the patient, which often means a decreased length of stay in hospital.

Interdisciplinary rounds are just one feature of an accountable care system which also launched in our Region, bringing physicians, nurses, therapists – entire care teams – together in one location. This physically puts the patient at the centre of care. Surrounding patients, clients or residents with the services they need, where they need them – whether in the community or the hospital – is the future of health care.

Last fall, our Region promised to improve the healthcare system for First Nations and Metis people by signing a commitment to Truth and Reconciliation alongside St. Paul's Hospital. I signed the commitment on behalf of the Region and am proud of the efforts we are making to ensure that everyone who needs our services feels comfortable coming into our facilities, no matter their race or cultural background.

This spring, we started listing wait times for adult non-urgent patients coming to our three Emergency Rooms in Saskatoon on our website, in an effort to give patients and family a sense of what to expect when they arrive in emergency.

Throughout the past year, construction has continued on the Jim Pattison Children's Hospital, and in March, reached 50 per cent completion. This hospital will provide family-centred care to our province's pediatric and maternal patients when it opens in late 2019.

It's been an honour to serve as President and CEO of this organization, to work with thousands of dedicated people whose sole purpose, every day, is to provide the best possible care for those who need us.

I commend the hard work and dedication our staff and physicians show. This is an amazing organization, with leadership, staff and physicians clearly committed to continuous improvement and high quality care. I am grateful every day that I have had the opportunity to be a part of it, and I can only see this commitment to excellence continuing as we become the Saskatchewan Health Authority.

Dan Florizone
President and CEO, Saskatoon Health Region

Introduction

Saskatoon Regional Health Authority (SRHA) continues to stride forward toward our vision: Healthiest People, Healthiest Communities, Exceptional Service – this is our commitment to our patients, clients and their families, our staff and to ourselves.

The annual report presents the Saskatoon Health Region's (SHR) activities and results for the fiscal year ending March 31, 2017. It reports on public commitments made and other key accomplishments of the SRHA. Results are provided on our publicly committed strategies, actions and performance measures as identified in the strategic plan. The 2016-2017 annual report provides an opportunity to assess the accomplishments, results, lessons learned, and to identify how to build on past successes for the benefit of the people in Saskatoon Health Region.

Saskatoon Health Region acknowledges our responsibility to ensure the accuracy and reliability of this report. In order to ensure the highest standard of reporting, the Region has:

- confirmed all data with the relevant process owners;
- requested information and data from the Region's Strategic Health information and Performance Support (SHIPS) department; prior to releasing the data, SHIPS confirms the information with the senior leadership team;
- once all the data is compiled and the report is written, it is brought back to the senior leadership team for approval; when approval is given the report is presented to the Saskatoon Regional Health Authority for final approval prior to the final printed version being sent to the Ministry of Health.

The Region has an accountability agreement with the Ministry of Health. This accountability is the Region's commitment to the provincial plan. Foundational to the development of this plan are the Premier's priorities for 2016-2017, the Ministers' priorities and the input from the health regions in the province.

The 2016-2017 Annual Report includes:

- Regional Health Authority overview: the overview describes, at a high level, what the board does and its key partners.
- Saskatoon Health Region Overview: demographic information and leadership structure of the Region.
- Strategic Plan and Progress in 2016-2017: how the Region aligns its mission, vision, values, strategic directions and goals with the Provincial Strategic Plan, as well as the Region's 2016-2017 key activities, accomplishments and outcomes (progress made towards the province's goals of Better Health, Better Care, Better Value and Better Teams).
- Management Report: this section reflects management's responsibility for the representations made in the financial statements and the financial information in the annual report.
- 2016-2017 Financial Overview: The financial overview compares 2016-2017 financial information to budget.

Saskatoon Regional Health Authority Overview

Saskatoon Health Region is governed by the Saskatoon Regional Health Authority board of directors. The board members are appointed by the Minister of Health.

Michael Stensrud, Chairperson

Michael Stensrud is president and general manager of Miners Construction Co. Ltd., and has a long history of board volunteerism with community based organizations that provide supports for those in our community with intellectual and/or physical challenges. He currently serves on the Board of Directors for Cosmopolitan Industries, and is secretary-treasurer of Airline Resorts and Hotels.

Frank Lukowich, Vice-Chairperson

Frank Lukowich of Saskatoon works as an investment advisor. He has a Bachelor of Arts from the University of Saskatchewan and two diplomas from the Dale Carnegie Training Program.

Gary Beaudin

Gary Beaudin of Saskatoon is the Director of Health and Social Development with Whitecap Dakota First Nation. Previously, he was employed with Greater Saskatoon Catholic Schools where he managed the social pediatrics services in St. Mary's Wellness and Education Centre, and the Saskatoon Health Region as a consultant for Addictions and Mental Health and Public Health Services in the area of health disparity research. Gary also worked for the Saskatoon Tribal Council as the first Executive Director of White Buffalo Youth Lodge and program Coordinator at the STC Family Centre.

Gary's previous board work includes being a past board member with the Community Health Services Association, Saskatoon Health Region Ethics Committee, Saskatoon French School Society, Big Brothers/Big Sisters and Saskatoon Crisis Intervention Services. Gary has a sociology degree from the University of Saskatchewan.

Michael Couros

Michael Couros is a Senior Associate with Independent Financial Services as well as a partner with IFS Benefits Consulting. Over the years he has worked with, helped raise money for and has held positions with numerous non-profit organizations such as Saskatoon Folkfest and the Saskatoon City Hospital Foundation.

Garry Derenoski

Garry Derenoski is the Founder and acting CEO of Bridges Health. He has over 35 years' experience in the healthcare field, including bodily injury insurance, health and wellness services, human resources, preventative healthcare management, vocational counselling, and short and long term disability management. He is a Chartered Insurance Professional as well as a Registered Rehabilitation Professional. Garry has a long history of volunteerism, previously serving as two term National President of the Vocational Rehabilitation Association of Canada (VRA). Garry also served on the board for SARBI (Saskatchewan Association for the Rehabilitation of the Brain Injured).

Malcolm Eaton

Malcolm and his wife Carol live in Humboldt and have raised a family of five children in the community over the past 25 years. In 2006, Malcolm retired after a 34 year career as a teacher and school principal. He continues to teach part-time in the industrial arts program at the Humboldt Collegiate. Malcolm is currently the Mayor of Humboldt. He was first elected to Humboldt City Council in 2003 and became the Mayor in 2006.

Living in the community for over 25 years and raising a family has allowed Malcolm the opportunity to be involved in a wide range of community groups, events and activities. These include school activities, minor sports groups, church activities, cultural and recreational programs, and community development projects.

Ghislaine McLeod

Ghislaine McLeod is the owner of Capital G Communications in Saskatoon. Ms. McLeod brings over 20 years of experience in organizational communication, in both the public and private sector. She provides clients with strategic counsel on communications planning, strategy, issues management, fundraising and employee engagement. Ms. McLeod earned a Bachelor of Arts degree from the University of Saskatchewan, a public relations diploma from Mount Royal College and a Masters degree in business administration from Royal Roads University. Born and raised in Saskatoon, Ghislaine has worked with many organizations and business that make our city a vibrant place to live and work. She currently sits on the board of HelpOne, a local charity, and is an active volunteer with minor sports in the community.

Bobbylynn Stewart

Bobbylynn Stewart is the vice president and a partner at Breck Scaffold Solutions, a Saskatoon based company with operations primarily in the mining industry. Previously, she worked in the healthcare sector as an operational leader and consultant in the areas of privacy, access, and compliance. Bobbylynn has a keen interest in ethics and held a seat on the Saskatoon Health Region Ethics Committee and the Saskatoon Health Region/Saskatchewan Cancer Agency Joint Ethics Committee in several capacities, including committee chair, from 2007 to 2015. She is active in the community and enjoys serving as a volunteer on several local fundraising initiatives and committees.

Bobbylynn holds a Master's in Business Administration and is a graduate of the University of Alberta's Information Access and Protection of Privacy (IAPP) program. She feels privileged to

play an active role in supporting the Region on its journey of continuous improvement and patient-centered care.

Glenn Wig

Glenn Wig is President and CEO of the Aquifer Group of Companies, which includes Wig's Pumps and Waterworks, Flo-essence Plumbing, Hearth and Decor along with Aquifer Distribution Ltd. He had served on the board of Saskatoon City Hospital Foundation for 11 years, including two years as chair. He was also the chair of Saskatoon City Hospital Foundation's Black Tie Bingo for six years. He is currently an active member in the Saskatoon Downtown Men's Progress Club and sits on their national board as a National Vice President of the Great Plains Region. He and his wife Jodi were both born and raised in Saskatoon and have two adult children.

For information on board members, visit
https://www.saskatoonhealthregion.ca/about/Pages/Governance.aspx

Committees

The operation of Saskatoon Regional Health Authority was supported by seven Authority committees and one council during 2016-2017:

- Executive Committee
- Audit, Finance and Risk Committee
- Human Resources Committee
- Partnership Committee
- Policy and Governance Committee
- Quality and Safety Committee
- Stakeholder Relations Committee
- Practitioner Liaison Council

Each committee included three or more members of the board and had terms of reference defined in board policy.

Roles of the Committees

Executive Committee: Serves in a facilitative role to provide support to the Chair and the Authority; exists to deal with exceptional circumstances facing the Saskatoon Health Region.

Audit, Finance and Risk Committee: This is a joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board of Directors that assists the boards in carrying out their governance roles related to audit, finance and risk management throughout the Region. The committee oversees the financial reporting process, business risk process and adequacy of internal controls, relationships with external and internal auditors, financial compliance issues, the internal audit function and major risks inherent to the business, facilities and strategic directions. The committee also ensures management has effective systems of internal control, facilitates the audit function and helps board members meet their Audit, Finance and Risk responsibilities.

Human Resources Committee: This committee provides oversight and ensures compatibility between the Saskatoon Health Region Strategic Development Plan and Region human resources

strategies. This committee also assists the board in evaluating the performance of the President and Chief Executive Officer of the Saskatoon Health Region. This committee was disbanded in January 2017.

Partnership Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance roles and enhances the effectiveness of the Partnership Agreement between the two.

Policy and Governance Committee: This committee leads the biennial review of the board's governance charter, identifying revisions when needed and reviews new policies brought forward by other board committees. The committee monitors and reviews board performance and conducts an annual, formal board evaluation. Responsibilities also include ensuring the skills matrix is completed and reviewed on an annual basis. The committee helps facilitate the education and professional development of the board and its members and leads the board in addressing Accreditation Canada governance requirements.

Quality and Safety Committee: This joint committee of the Saskatoon Regional Health Authority and the St. Paul's Hospital Board assists the two boards in carrying out their governance role related to quality of care, a culture of safety and ethics throughout the Region. Dimensions of quality to be addressed by the committee include accessibility, equity, client centeredness, efficiency, effectiveness, safety and competency.

Stakeholder Relations Committee: This committee ensures positive external stakeholder relations and ongoing assessment and analysis of effective stakeholder engagement in relation to policy and strategy for the organization. This committee was disbanded in October 2016.

Practitioner Liaison Council: This committee serves as a liaison between the Saskatoon Regional Health Authority and the respective regional practitioner association and seeks, in a spirit of cooperation, to maintain and improve the provision of health services in the health region.

Transparency

The board invites all members of the public to its monthly board meetings in the interest of transparency, and responds to questions from the community and the media. Saskatoon Regional Health Authority is responsible for maintaining and enhancing public confidence in the health-care system and in the Region. This is done in a variety of ways, from ensuring timely access to quality services and being sound stewards of financial resources, to the holding of regular public meetings.

During 2016-2017, the Saskatoon Regional Health Authority continued to take actions that support public transparency of its operations, including: posting notice of Authority meetings; issuing media advisories on board meetings and agendas; posting meeting packages, minutes and information on members; holding regular business meetings in public; reporting on board activities; issuing media releases for key announcements; and being responsive to media requests for information that are directed to informing the public. The board's governance charter, which details roles, responsibilities, functions and structures can be found at: www.saskatoonhealthregion.ca/about/Pages/Governance.aspx

Saskatoon Health Region Overview

Saskatoon Health Region is:

- the largest health region in the province serving about 360,000 local residents in more than 100 cities, towns, villages, rural municipalities and First Nation communities
- a provincial referral centre providing specialized care to thousands of people across Saskatchewan
- an integrated health delivery agency providing a comprehensive range of services and programs including but not limited to hospital and long term care, public health and home care, mental health and addiction services, prenatal and palliative care
- an organization providing services and programs in more than 70 facilities, including nine hospitals (including three tertiary hospitals in Saskatoon), 33 long term care homes and numerous primary health care sites, public health centres, mental health and addiction centres and community based settings
- the largest employer in the province with 14,268 employees including 1,130 physicians and 3,616 nurses
- 162 Patient Family Advisors
- 171 new research studies and 329 ongoing research studies
- supported by more than 1,010 registered volunteers
- a region with the geographical area of 34,120 square kilometers and a perimeter of 1,296 continuous kilometres

Saskatoon Health Region is an accredited health organization through Accreditation Canada, a national non-profit organization. The accreditation process is continuous, with key activities and milestones taking place over a four year cycle. This includes an external survey visit by accreditation surveyors, post survey interim report to Accreditation Canada throughout the cycle and mid-term consultation.

Senior Leadership Team

Dan Florizone, President and Chief Executive Officer

Dan Florizone became President and Chief Executive Officer of Saskatoon Health Region on January 5, 2015. Raised in Prince Albert, Saskatchewan, he earned a Bachelor of Commerce (with Honours in Health Care Administration) from the University of Saskatchewan and a Master of Business Administration from the University of Regina.

Dan has amassed over 25 years of Saskatchewan healthcare experience and served as Saskatchewan Deputy Health Minister (2008-2013), CEO of the Five Hills Health Region (2003 to 2008), CEO for Moose Jaw-Thunder Creek Health District, the South-East Health District (Estevan and area), CEO Canora-Invermay-Norquay, and CEO of Wilkie Union Hospital. He has also been Chair of Saskatchewan's Health Quality Council and served on the board of the Canadian Patient Safety Institute and Mental Health Commission of Canada.

During his career, he led the amalgamation of multiple organizations into a single health district and the reformulation of districts into the current region-based structure. His work surrounding patient- and family-centred care established the blueprint for provincial healthcare transformation, including the introduction of the Lean-based Saskatchewan Health Care

Management System and the launch of the Saskatchewan Surgical Initiative, an aggressive waitlist reduction initiative focusing on quality care and patient safety.

Most recently, Dan was Saskatchewan's Deputy Minister of Education, where he also introduced Lean management across education and government, and Deputy Minister Responsible for Lean. He is currently a faculty member with the Johnson-Shoyama Graduate School of Public Policy.

In 2008, Dan received the Institute of Public Administration of Canada-Saskatchewan Lieutenant Governor's Gold Medal Award, and in 2011, the Excellence through Evidence Award from the Canadian Foundation for Healthcare Improvement (CFHI). Dan is a certified Lean Leader.

Nilesh Kavia, Vice President, Finance and Corporate Services

Nilesh Kavia was the Vice President Finance and Corporate Services from August 2011 to March 2017. Prior to coming to Saskatchewan in 2011, Nilesh was Vice President, Financial Planning and Business Advisory Services for Alberta Health Services in Calgary, Alberta. Nilesh has more than 20 years of experience in finance, both in the public and private sectors in various roles including internal audit, business development, risk management, procurement, treasury, financial reporting and financial planning.

Nilesh began his career in health care in 2000 as Director, Budgeting with Calgary Health Region. His also has private sector experience with TransAlta Corporation, Direct Energy and Amoco Canada. Nilesh graduated in 1990 from the University of Saskatchewan with a Bachelor of Commerce and obtained his Masters in Business Administration from the University of Calgary in 1995. He has been a Certified Management Accountant since 1993 and is currently completing his certification as an executive coach. Nilesh is a Certified Lean Leader since Jan 31, 2014.

Jackie Mann, Vice President, Integrated Health Services

In April 2007, Jackie Mann began her role, as Vice President Integrated Health Services. Over the past twenty years Jackie has held several roles with increasing scope throughout acute care in Saskatoon, including staff Nurse, Manager, Director and Executive Director. Jackie is a University of Saskatchewan graduate with a Bachelor of Science in Nursing as well as a Masters in Business Administration.

Throughout her career Jackie has taken a keen interest in quality improvement initiatives as well as a focus on how to place patients at the centre of care. In 2007 Jackie received the Muriel Jarvis Award, a peer nominated award in recognition of 'Making a Positive Difference' in her role in the Saskatoon Health Region. Jackie has been a Certified Lean Leader since April 25, 2014.

Dr. Petrina McGrath, Vice President, People, Practice and Quality

Petrina McGrath joins the Region from the University Health Network (UHN) in Toronto, where she served as Director of Nursing since 2004. In this role, she co-led numerous patient safety initiatives and led UHN's Patient Centred Care strategy. Her previous roles include Clinical Nurse Specialist for palliative care and professional practice leader/educator for the medical/radiation oncology program at Sunnybrook and Women's College Health Centre as well as general nursing in Toronto and Saudi Arabia.

Petrina received her Bachelor of Science in Nursing at the University of Saskatchewan and her Masters of Nursing at the University of Toronto. She completed doctoral studies at the Fielding Graduate University in Santa Barbara, California in 2014. Petrina is also a Certified Lean Leader since April 30, 2013.

Jean Morrison, President and Chief Executive Officer, St. Paul's Hospital

Jean Morrison has over 27 years of experience in health. She has held diverse senior positions in the Saskatchewan healthcare system, including the position of Vice President of Performance Excellence and Chief Nursing Officer, Saskatoon Health Region, prior to becoming President and CEO of St. Paul's Hospital. Ms. Morrison also serves on the Board of Directors for a number of provincial and national organizations, including the Saskatchewan Institute of Applied Science and Technology, and Accreditation Canada.

Jean's path to St. Paul's followed a rewarding career in nursing, nurse management and chief executive officer positions, with a degree in Nursing from the University of Saskatchewan, and both a Master's of Nursing and a Master's of Health Services Administration from Dalhousie University, Halifax. Jean has worked in a variety of roles and settings in the health system - as a special care aide in a long term care facility; as a registered nurse in a hospital in Saskatoon; as a public health nurse in rural Saskatchewan; and as a health administrator in Nunavut, rural Saskatchewan and Saskatoon.

Jean brings an in depth knowledge and appreciation for the unique shared governance and management partnership between St. Paul's Hospital Board of Directors and the Saskatoon Regional Health Authority, and a deep commitment to the contributions that faith-based healthcare brings to the Regional and provincial healthcare system. Jean has been a Certified Lean Leader since April 25, 2014.

Dr. Cory Neudorf, Chief Medical Health Officer

Dr. Cory Neudorf has been working as a Medical Health Officer in Saskatoon since 1994. He started as a faculty member at the University of Saskatchewan, working as Associate Director of Northern Medical Services, and then became Deputy Medical Health Officer in the area of communicable disease control and population health for the Saskatoon District in 1996.

He has been a member of the senior leadership team (SLT) since 2000, and has had various roles in addition to his main responsibility as the Chief Medical Health Officer, including oversight of the Strategic Health Information and Planning Services, Information Technology, and Research Departments for the Saskatoon Health Region. As Chief Medical Health Officer, he provides medical leadership to Public Health Services, and reports on matters of public health to SLT and the Saskatoon Regional Health Authority. He received his medical degree from the University of Saskatchewan, a Master's of Health Science degree in Community Health and Epidemiology from the University of Toronto, and is a fellow of the Royal College of Physicians and Surgeons of Canada with Certification in the specialty of Community Medicine.

He is the past president of the National Specialty Society for Community Medicine, Chair-elect of the Canadian Public Health Association, and Chair of the Canadian Population Health Initiative Council. Dr. Neudorf is a Clinical Associate Professor in the Department of Community Health and Epidemiology at the University of Saskatchewan, College of Medicine. His research interests include health inequalities, health status indicators and surveys, health status monitoring and

reporting, and integrating population health data and geographic information systems into public health and health planning. Dr. Neudorf is a Certified Lean Leader since April 25, 2014.

Diane Shendruk, Vice President, Integrated Health Services

Diane Shendruk began her role as Vice President of Integrated Health Services in August 2015, serving first in an interim basis before accepting the position permanently. A registered nurse, she has 24 years of experience working for Saskatoon Health Region, beginning in 1992 on the 6th floor medicine unit at St. Paul's Hospital. Five years later, she transferred to the hemodialysis unit and has since worked as a clinical coordinator, manager and director in a variety of portfolios, including Humboldt District Hospital, Rosthern Hospital, palliative care and oncology.

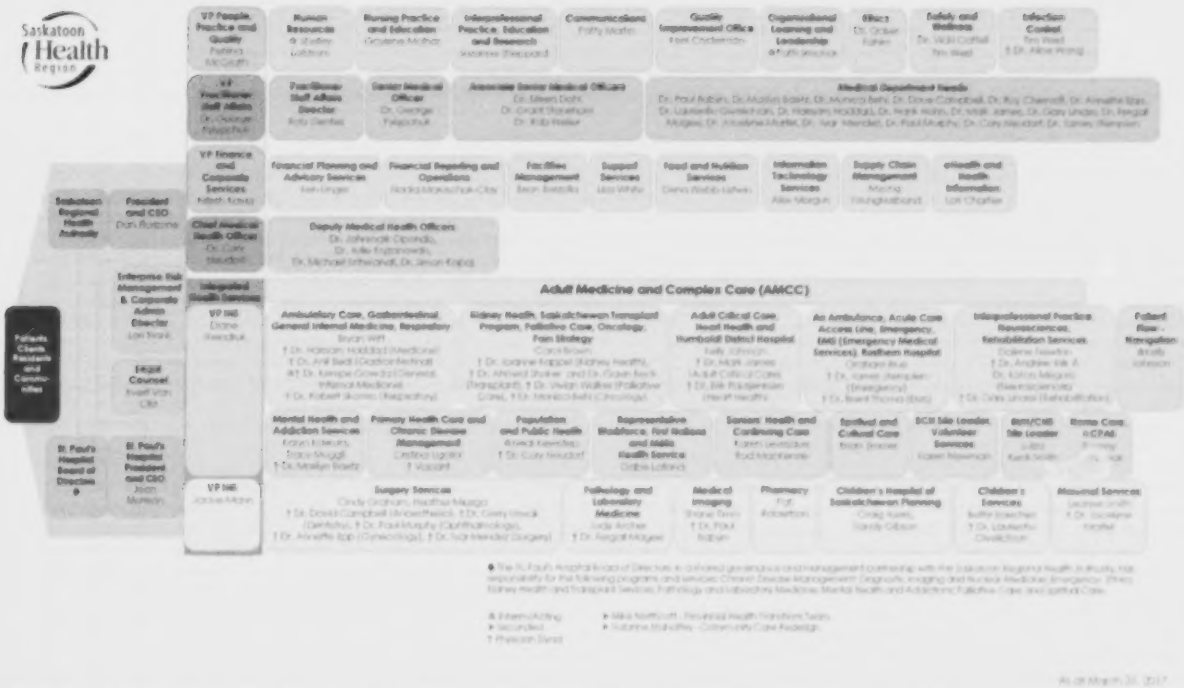
Diane is committed to improving treatment plans for patients living with chronic diseases. Throughout her career, she has improved quality of care, safety and access to acute and community-based services for patients in urban and rural settings. Among her many accomplishments, she pioneered the development of an integrated team-based approach to kidney disease and diabetes, partnered with northern regional health authorities to bring home hemodialysis to Saskatchewan, and improved service through the Saskatchewan Transplant Program to increase donor and transplant rates across the province. Diane is a Certified Lean Leader since November 2014.

Dr. George Pylypchuk, Vice President, Practitioner Staff Affairs

Dr. George Pylypchuk has been Vice President, Practitioner Staff Affairs with Saskatoon Health Region since July 2012. He received his medical degree from the University of Saskatchewan in 1970 and completed his residency in Saskatoon and Toronto, receiving his Fellow of the Royal College of Physicians of Canada (FRCPC) in 1976. Since then he's practiced internal medicine and nephrology in Saskatoon.

Dr. Pylypchuk currently holds the academic position of Clinical Professor in Medicine at the University of Saskatchewan. He has held numerous medical administrative positions including Head of Medicine at St. Paul's Hospital, Clinical Head of Medicine at Saskatoon Health Region and most recently Physician Dyad Co-Lead for Ambulatory Care.

Organizational Structure



See the ***Organizational Chart*** in the Appendices section for a larger version of this chart.

Demographics and Geography

The population of Saskatoon Health Region is over 360,000. The City of Saskatoon population is almost 265,000 while over 95,000 people reside in rural areas. The area immediately outside Saskatoon houses over 45,000 people, with smaller numbers in the Humboldt, Rosthern and Watrous areas.

Last Mountain Pioneer Care Home

The number of Tuberculosis (TB) cases among Health Region residents was 23 (or 6.3 per 100,000) in 2016-2017, an increase from the year prior of 15 cases (or 4.2 per 100,000).

The number of human immunodeficiency virus (HIV) cases among Saskatoon Health Region residents was 44 (or 12.2 per 100,000) in 2016-2017, a 15 per cent decrease in cases from the previous year (Note: Reportable disease in Saskatoon Health Region is reported by calendar year - 45 cases in 2016).

The total number of HIV tests given by Population and Public Health (PPH) and reporting sites was 4,092 in 2016-2017, an increase of 7.8 per cent from 2015-2016. The populations where HIV tests are given by PPH & reporting sites are considered "high risk".

Quick Facts

Descriptive Indicators	2016-2017
Primary Care	
Home Care - Number of Discrete Clients Seen	14,309
Home Care - Total Visits Nursing	246,977
Healthline (RN & MH Queues) - Registered (Answered) Call Volumes	20,312
Healthline (RN & MH Queues) - Registered Patient Volumes	26,743
Ambulance Calls / Responses	34,683
Acute Care	
Emergency Department Visits (Urban & Rural)	147,119
Inpatient Discharges (Urban & Rural)	49,335
Newborns (Urban & Rural)	5,672
Adult & Child Patient Days (Urban & Rural)	377,851
Newborn Patient Days (Excludes transfers in) (Urban & Rural)	20,597
Average Daily Census YTD - (Urban Only)	862
Proxy Average Length of Stay (in Days) (Urban Only)	7.8
Diagnostic/Specific Procedures	
Number of Hip Replacements	987
Number of Knee Replacements	1,167
Cataract Surgery	4,316
Operating Room Inpatient (Urban & Humboldt)	37,817
MRI Exams	30,564
CT Exams	44,570
PET Exams (Patients)	2,035
Lab Tests	10,639,187
HIV Tests Administered	30,214
Mental Health & Addiction Services	
Inpatient Discharges (Dubé Centre Acute Care)	1,182
Population and Public Health	
Immunizations (All Types)	133,213

Affiliates and Key Partner Organizations

The following is the list of Saskatoon Health Region's affiliate partners:

St. Paul's Hospital (Grey Nuns) of Saskatoon
Bethany Pioneer Village Inc.
Circle Drive Special Care Home Inc.
Duck Lake and District Nursing Home Inc.
Jubilee Residences Inc. (Stensrud Lodge)
Jubilee Residences Inc. (Porteous Lodge)
Lakeview Pioneer Lodge Inc.
Luther Care Communities (Lutheran Sunset Home)
Mennonite Nursing Home Inc.
Oliver Lodge
Saskatoon Convalescent Home
Sherbrooke Community Society Inc. (Central Haven Special Care Home)
Sherbrooke Community Society Inc. (Sherbrooke Community Centre)
Spruce Manor Special Care Home Inc.
St. Ann's Senior Citizens Village Corporation
St. Joseph's Home for the Aged
Strasbourg and District Health Centre
Sunnyside Adventist Care Centre
Warman Mennonite Special Care Home Inc.

Prescribed healthcare organizations (HCOs) and third parties providing health services in 2016-2017 include:

AIDS Saskatoon Inc.
Autism Treatment Services of Saskatchewan Inc.
Canadian Mental Health Association
Central Urban Métis Federation (1993) Inc.
Cosmopolitan Industries Ltd.
Community Health Services (Saskatoon) Association Ltd.
Crocus Cooperative
Elmwood Residence Inc.
Humboldt and District Ambulance Service
Langham Senior Citizens' Home
Lanigan and District Ambulance Association
Lighthouse Supported Living Inc.
M.D. Ambulance Care Ltd.

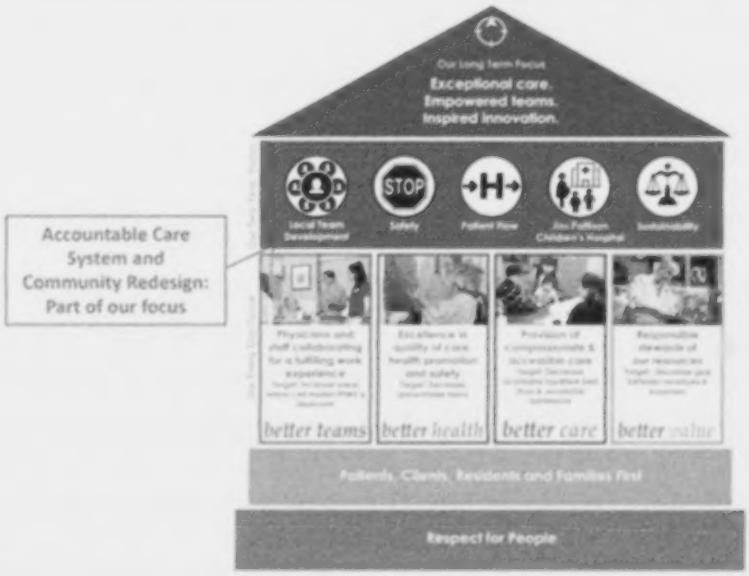
Midway Ambulance Care Ltd.
Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.
Quill Plains Ambulance Care Ltd.
Rosthern and District Ambulance Service
Samaritan Place Corp.
Sanctum Care Group
Saskatoon Infectious Disease Care Network Corp.
Saskatoon Crisis Intervention Services Inc.
Saskatoon Housing Coalition, Inc.
Saskatoon Police Service
Saskatoon Tribal Council Urban First Nation Services Inc.
Shamrock Ambulance Care Inc.
Strasbourg Ambulance Service
Student Wellness Initiative Toward Community Health
The Saskatoon Downtown Youth Centre, Inc.
Wakaw Ambulance Service

Our Strategic Priorities

Saskatoon Health Region has made great strides in addressing the root causes of systemic problems we need to solve, developing consistent approaches to care, putting the patient first, and supporting a province-wide approach for health care. We've been able to achieve many tangible outcomes despite significant obstacles – such as financial and service pressures. Despite increasing population and demand for high-cost care, we've been able to bend the cost curve and meet the increased demand for services.

In addition, we've also been able to implement significant improvements. For instance, we've made day-to-day operations visible on the units, and daily huddles among teams are commonplace. We've done organizational-wide quality improvements and connect daily on where system pressure points are.

Patient advisors are embedded in almost everything we do, which was uncommon a decade ago. Jim Pattison Children's Hospital was designed by patients, families, staff and physicians - the people who will use it and provide care within it. That design pushed us on a journey towards significant operational improvements and learning.



Saskatoon Health Region's Strategic Priorities

We made huge gains using quality improvements that have seen patients benefit in many ways, including decreasing surgery wait times.

We now have a predictive model that tells us when to expect surges in demand, and we are scheduling to that predicted demand instead of reacting in the moment. We have surrounded managers with supports to free them up to spend more time with their staff and patients. We've integrated physicians into interdisciplinary teams to improve care. The work of services like home care are helping people maximize their independence, and we're coming up with innovative approaches to ensuring patient safety, such as sourcing prescriptions for some home care clients from a single source.

We've started to put in place important supports and conversations to allow staff and physicians to deal with traumatic experiences, recognizing when the system fails us, it causes harm to our own people as well as to the patient.

We have a new mental health assessment tool that can help determine what kind of supports people need, and track their progress to ensure the help being received is working for them.

We have formed great partnerships with Saskatoon Police Service and other agencies to improve community supports. We've developed the First Nations and Metis Health Service, where we've brought in Elders and cultural advisors to help Indigenous peoples navigate the health system.

In 2016-2017 Saskatoon Health Region focused on five strategic priorities – local team development, safety, patient flow, Jim Pattison Children's Hospital and sustainability. The Region is building better teams who are delivering better care to produce better health all while increasing the value of the public spend on healthcare. Our daily focus on enhancing the patient, resident and client experience is producing tangible outcomes; this report outlines just some of our recent progress.

OUR STORIES

Truth and Reconciliation

On Friday, October 14, 2016, a historic ceremony took place on the grounds outside St. Paul's Hospital in Saskatoon, as Saskatoon Health Region and St. Paul's Hospital raised a Truth and Reconciliation flag as part of their commitment to acting on the federal Truth and Reconciliation Commission's report.

With the flag raising ceremony, the Saskatoon Health Region affirmed that it is committed to fostering and maintaining respectful relations with all First Nations and Métis People. The region also acknowledges that this journey of change in the health care system has only just begun. There is much left to do to improve to achieve better health for all First Nations and Métis people.

Dan Florizone (left) reads the commitment to reconciliation

The five strategic priorities of the region were focused on the following:

- *Safety*
- *Local Team Development*
- *Patient Flow*
- *Jim Pattison Children's Hospital*
- *Financial Sustainability*

Find more information on this at:
http://www.saskatoonhealthregion.ca/about/Our-Plan/Pages/Truth-and-Reconciliation.aspx

Better Teams Strategy

Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers

As a part of the enduring better teams strategy, Saskatoon Health Region launched the ambitious Local Team Development priority– whose goal is to transform the way we work through local team development (cells) and Patient First Management System.

The task was to develop our staff, clinicians and leaders to solve problems daily, achieve improvements continuously and sustain those improvements.

The key priority of the Health Region aims to create manager capacity through a cellular support structure and develop unit leadership to assist with safety and quality initiatives. The key areas of work also include developing Patient First Management System training (behaviours, philosophies, processes and tools to constantly improve our care and achieve operational excellence). The Region began testing and implementing this system in targeted areas – by aligning the organization in one management system and aligning the strategic priorities to a daily improvement system.

Deployment of our cellular model support structure continues. This model of decentralized service delivery places support personnel on the floor with clinical managers, effectively creating a team structure that ensures the right person is doing the right job. This structure frees time for the manager to focus on quality, safety and improved healthcare services to patients and their families.

To date, 23 of 31 cells are in place with three more cells being deployed in May 2017. This now includes cells in acute cure, long term care, home care, rural and primary care. This model, which supports the provincial direction of decentralized service delivery, is transforming the way clinical teams function. So far, 24.5 percent of a manager's day, previously spent on administrative functions, has been reallocated to knowing and growing their people, understanding their business and improving their processes.

A training system for point of care leaders has been completed. The training focuses on twelve key areas: safety, leaders standard work, visual management, daily accountability, leaders teaching leaders, change leadership, coaching/problem-solving, respect for people, leading self, teamwork, innovation, and continuous improvement. Managers in the Medicine units began testing the training system in February 2017 and are now implementing some of the standard work and performance measures on their units.

Our intent is that this training will equip leaders to develop teams of problem solvers, who in turn, can maintain and continuously improve their work environment and ultimately, the patient, resident and client care experience. This means we can work in a systemized, standardized way that enables us to maintain the system improvements we make and achieve operational sustainability. The training system is now available for all front line leaders and communication of the training plan is underway with the directors as they lead this important work with their teams. The Patient First Management System training website is under construction but available for viewing on the Region's external website: https://www.saskatoonhealthregion.ca/about/PFMS.

OUR STORIES

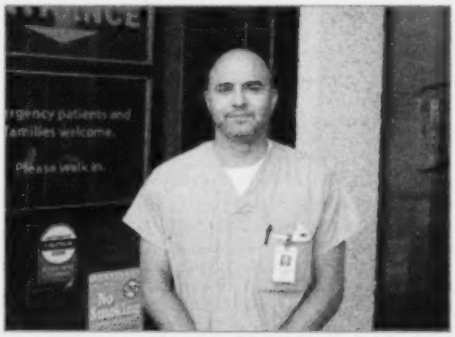
Reimagining rounds – making quality improvement better for physicians

Like anyone in healthcare, emergency physician Dr. Mark Wahba has seen things go wrong that shouldn't have.

However, it wasn't until his father was dying, that he truly realized the importance of patient safety and quality improvement.

"I'm ashamed to admit it," says Wahba. "But that was the moment that I realized we could be doing a much better job of things."

Since then, Wahba has been a champion for quality improvement. When he was approached to take on the task of re-examining Mortality and Morbidity (M&M) rounds for Saskatoon Health Region, he jumped at the chance.



Dr. Mark Wahba

Typically, Mortality and Morbidity rounds are used as a discussion format for physicians to present and discuss the circumstances and outcomes of unexpected adverse events or deaths that occurred in-hospital.

"Morbidity and Mortality rounds have been a part of the medical and physician culture for many years," explains Wahba. "Traditionally this has been a 'blame and shame' experience and environment with very little concrete and sustainable change arising from the rounds. I think people currently go into M&M rounds now expecting confrontation."

Wahba is aiming to change that mindset with the eight core principles he developed to guide the structure of the rounds. He also changed the name of the M&M rounds to Clinical Quality Improvement rounds.

"The name change itself isn't the important thing," says Wahba. "The important thing is a new mindset and approach." Wahba developed the principles with a theme in mind; what can healthcare professionals do better next time to prevent an adverse event or unexpected death from happening to someone else? "Ideally we'd like people to walk into these rounds thinking 'Let's see what systems were at play when things went wrong and hopefully we can think of some ways to improve.'"

Read the full version of this story at:
https://www.saskatoonhealthregion.ca/stories/Pages/2016/Reimagining-rounds.aspx

Better Health Strategy

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Safety Leadership and Governance

The Region's safety focus continued in 2016-2017. Information gathering on structure and key elements for quality and safety committees will assist with priority setting and informing of future work related to the transition to one provincial health authority. The work on death reviews is currently on hold until the team gathers this current state information.

Process Improvement for Level 3 and 4 Safety Events

On March 14, a group of physicians, senior leaders, safety specialists and patient advisors came together to discuss process improvement for Level 3 and 4 (complex and serious) patient safety events. The first draft of our safety curriculum has been set for managers on the model line.

Sepsis

Education and roll-out of the sepsis bundles (best evidence decision tools and standard order sets) for sepsis and severe sepsis has been rolled out at Royal University Hospital, acute rural hospitals and Saskatoon City Hospital. This roll-out has been a collaborative effort between the inter-professional sepsis working group and clinical nurse educators across the system. The team has begun implementation and education sessions in Surgery 5000 at Royal University Hospital and will test the addition of an early warning system of patient deterioration from sepsis.

There is significant resource effort required to manually collect data on the process metrics related to sepsis. The team will be looking at efficiencies in their data collection tools and methods while still providing key data points with quick turnaround and timely feedback to units on their results.

Shoulder and Back Injuries

The Region was successful in getting the 'Total number of 'Time Loss' shoulder and back injuries' decreased by 14.4 per cent in 2016-2017 as compared to 2015-2016.

OUR STORIES

The right care helps patient take healthy steps

"My next goal is to dance," Robert Green says with a laugh. "Walk, then dance!"

It's been an amazing few months for 72-year-old Robert. He was transferred to Watrous Manitou Lodge in late September of last year after waiting for a bariatric long term care placement for almost two years. During that time, he gained a lot of additional weight and lost his ability to walk. However, since his arrival in Watrous Robert has not wasted time joining his new community.

Bob (Robert) Green

"Bob (Robert) is a very social person and an extremely motivated one," says Jocelyn McArthur, a physiotherapist with Saskatoon Health Region. "He was determined from the very beginning to get out of his room and participate in as many activities as possible and he wasn't going to let his lack of mobility stop him. When he got here it had been three years since he last stood on his own."

The first step was to find him an appropriate wheelchair for his size.

"The Lodge was great in purchasing some bariatric equipment for his use," says Megan Weyland, Occupational Therapist with Saskatoon Health Region. "Once he had that wheelchair, he began regaining his strength so he could get out of his room. He can get himself anywhere in the Lodge now."

"[The Chair] gives me independence," Robert explains. "I can get out and visit with everyone now."

Getting to this point hasn't been easy, but it's been rewarding for everyone involved in Robert's care.

"As a therapist in long term care, we normally see a gradual decline in our patients' mobility," says McArthur. "It is so exciting to see someone who is doing the opposite. And the weight is coming off as well, although we have to wait for the new bariatric scale to arrive before we can get an accurate measure of how much he's lost."

The second stage was to assist him to stand on his own.

"We used a walking sling for safety those first few times he stood," explains McArthur. "It didn't take him long before he no longer needed it and is nearly doing it on his own. He does exercises on his own every day. It won't be long before he begins walking again, and knowing his determination, even dance a little."

"We are so very happy to have Robert with us at the Lodge," says Leah Ehman, Manager of Watrous District Health Complex which includes Watrous Manitou Lodge. "Everyone here loves him and we are so inspired by what he is doing for himself. He has been a wonderful addition to our community."

Read the full version of this story at:
https://www.saskatoonhealthregion.ca/stories/Pages/2017/Feb/The-right-care.aspx

Better Care Strategy

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Care and Better Teams

Patient Flow

This fiscal, significant planning work has been underway related to implementing an accountable care system and developing one community network of service in Saskatoon that would be matched to unique community needs. The provincial budget announcement included a commitment of $12 million to support hospital overcapacity and to reduce emergency department wait times in Saskatoon and Regina. This investment expands the successful team-based model of accountability for hospital inpatient care that has worked so well at Pasqua Hospital in Regina and is part of a larger multi-year strategy to improve patient access to appropriate health care services in the community, shifting the delivery of care for non-emergent conditions away from hospitals.

In Saskatoon Health Region, work was begun to implement an accountable care system at St. Paul's Hospital 7th floor medicine. The key elements of this system include:

- nurse/physician unit co-leadership
- provider team co-location
- interdisciplinary bedside rounds, bedside shift handover
- unit led improvement and monitoring

On March 31, implementation of our accountable care system was begun by geographically locating two General Internal Medicine physicians on the unit and assigning 22 patients to each physician. This first step has required a number of changes to the flow of internal medicine patients within St. Paul's Hospital. Additionally, the team on 7th floor has been testing the implementation of scripted interdisciplinary bedside rounds (SIBR). These first two steps have been a huge accomplishment in a short time. While a review of key metrics is underway, the team has already commented that they feel that the co-location of the physicians on the unit has really improved patient care and team function. Physicians involved have noted that their work is improved when all of their patients are located on 7th floor, along with the interdisciplinary team. Previously, these physicians would follow patients in at least four different medicine units. The team has also noted that the turnover of patients now seems more rapid on the unit.

Planning was started this year to determine the required steps to develop our first community network of services that will be matched to a community's unique needs in Saskatoon. The key elements are to establish integrated coordinated care teams to provide seamless care at all stages of an individual's health and wellness journey while improving the accessibility of appropriate health care to those needing service in their neighbourhood. This is about bringing teams together with shared goals to support people in their neighbourhood and on their journey from community to hospital (when required) and back to the community. Appreciating how complex this work is, the team is in the early phase of developing the project charter and working to clearly scope the work and the timelines.

Saskatoon Convalescent Care Home

In March 2017, Saskatoon Health Region began posting emergency department wait times for adult non-urgent patients on its website. The new wait times page is intended to provide the public with an estimate of the amount of time it will take for adult, non-urgent patients from registration to when they will see a physician at Saskatoon's three hospital emergencies. It does not include the time it takes to be assessed or reflect the total length of a patient visit. To keep the wait times as accurate as possible, the site is updated automatically every 15 minutes.

The 'wait times' page is intended to give patients and family a sense of what to expect when they arrive in emergency. It is easy to access and to understand. As the webpage explains, the wait time shown is just an estimate and could change in a moment if a number of patients were to arrive in a short time frame or a major trauma arrives that requires immediate attention.

OUR STORIES

Working together to keep Adolf at home

Exceptional care, empowered teams, inspired innovation – that's what Adolf Karakochuk received in the final years of his life. Adolf's positive healthcare experience also illustrates how staff are embracing and living the Region's long-term vision.

"I call them my angels, my stars from up above – that's what they are to me," says Adolf's wife, Margaret, of the team that cared for her husband in their home in Wynyard.

Margaret and her family were so grateful for the inter-collaborative care they received from home care, community paramedicine, occupational therapy and physical therapy that they invited the entire team to Adolf's funeral in February 2016, and even asked one of the paramedics who worked closely with Adolf to be an honourary pallbearer at the funeral.

Adolf passed away earlier this year, surrounded by his family. He was able to remain at home during his final years, because of the dedication and commitment

Back, from left: Paramedic Stephen Koroluk, Continuing Care Assistant Melody Stefanson, Judy Karakochuk. Front: Adolf and Margret Karakochuk.

of a team of inter-disciplinary professionals who chose to come together for the benefit of one man with a desire to continue living at home.

"It was a gift I wish we could give to everybody," says Kelly Tokarchuk, manager of home care in Wynyard, explaining that she considers honouring people's wishes a form of respect. "The goal of home care is to keep people as independent as possible and to really help them fulfill their wishes. It really is showing respect to someone by saying, 'If this is what you want to do, here's what we can do to help you get there.' Our home care continuing care aids are very professional. When they walk into a house, they see a person not just a task, and they build meaningful and long-lasting relationships with the clients and families they serve.

"We're in the process of building a healthcare system for patients, residents, clients and their families that we can all rely on for exceptional care," says Saskatoon Health Region CEO and President Dan Florizone. "This shows that we're not just envisioning a system where healthcare providers, patients and families work together as empowered teams – we're living it, each and every day."

Read the full version of this story at:
https://regionreporter.wordpress.com/2016/10/11/working-together-to-keep-adolf-at-home/

Better Value Strategy

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

Financial Sustainability

The Regions goal was to innovate for sustainability by redesigning healthcare delivery at a lower cost.

The challenge was to eliminate the gap between our expenses and revenues, while minimizing the impact on our people, patients, residents and clients.

The key areas of work under financial sustainability were managing paid hours, launching organization-wide (enterprise) initiatives, mitigate cash flow shortfalls and implement and monitor all financial sustainability initiatives. The region set itself a goal of saving $23.3 million through 172 sustainability initiatives. At the end of the fiscal, the region realized $23.6 million is savings from our sustainability plan, which is $0.3 million more than initially planned.

As of March 31, 2017, the status of financial sustainability initiatives is:

- 107 initiatives with planned annual savings of $23.6 million are complete
- 38 initiatives with planned annual savings of $5.2 million are in progress
- 27 initiatives with planned annual savings of $3.5 million did not start (combined with other items or cancelled given the Region's future path)

Financial results to March 31, 2017, report a $4.28 million surplus, which is a tremendous accomplishment considering the Region was facing a double-digit deficit at the beginning of the fiscal year.

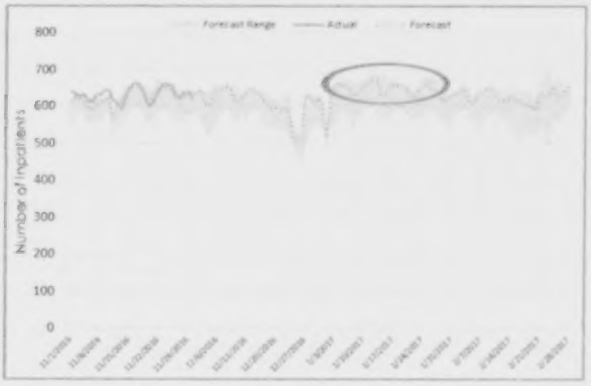
OUR STORIES

Predicted 2017 patient volume requires planning well ahead

Saskatoon Health Region has had a very busy fall, and our predictive model indicates that this will continue into the New Year. The month of January is anticipated to see high demands for our services, with a number of days exceeding our fall demand pattern.

A team of operational leaders have been working to prepare for this forecasted increase in demand, since September. Leaders have been reviewing the forecast data for their specific service and planning their staffing levels with this in mind. Flexible inpatient areas (known as pods) are being staffed in advance to meet demand and reduce staff overtime.

"Our teams are really using the predictive data to look out into the future and plan their operations. There have been some really creative new ideas that have emerged through this collaborative work," observed Jackie Mann, VP Integrated Health Services.



Inpatient demand forecast for January 2017

Some new strategies are already well underway. They include a number of processes developed to better utilize all acute care beds within Saskatoon Health Region. Medicine unit teams are identifying patients' home hospital, if applicable, upon admission to support early planning for them to return closer to home as soon as their condition allows. "The processes have been working quite well and we are transferring patients who are pleased to be closer to home and overall very satisfied with the care," says Diane Shendruk, VP Integrated Health Services. "Our clinical coordinators have been integral to testing and supporting these new processes."

Additionally, earlier this month, a team in Royal University Hospital Emergency tested processes to support seniors to return home with the services that they needed rather than having to be admitted to hospital. This work will continue with further testing at other sites in January.

As we head into the holiday season and the New Year, we are very thankful for our care teams and our support staff. They continue to go above and beyond each day to provide the best possible care and service to those we serve.

Read the full version of this story at:
https://www.saskatoonhealthregion.ca/stories/Pages/2016/Predicted-2017-patient-volume-requires-planning-well-ahead.aspx

Jim Pattison Children's Hospital (JPCH)

Construction:

JPCH hit the 55 percent construction completion mark as of the end of April. Project completion date remains on schedule with construction substantial completion in 2019.

Work that has been completed includes the removal of one of the tower cranes and continued work on the structural steel for the rooftop enclosure for the mechanical equipment. Work has also begun to install the elements to support the rooftop heliport on top of the mechanical equipment enclosure. This will support planned emergency helicopter service, allowing a direct connection to the new emergency departments on the ground floor.

Updates on current cost estimates and procurement team resource needs for furniture, fixtures and equipment (FF&E) were provided to Jim Pattison Children's Hospital Foundation, Royal University Hospital Foundation and JPCH Steering Committee in March 2017. On-going monitoring and reporting will occur monthly through JPCH governance.

Operational Readiness:

As of March 31, 2017 – 61% of the operational readiness (plan) milestones were complete.

OUR STORIES

A new way of providing maternal care

For one week, a team of maternal staff, physicians and a patient advisor focused their time on looking in detail how they will work within the new maternal floor in Jim Pattison Children's Hospital.

The intent was to test and determine safe and appropriate staffing levels for nursing, physicians and unit assistants within the new floor plan, using real patient data that spanned both "normal" demand as well as peak demand for care. This event built on work completed in December 2014 where a team of staff, physicians and patient advisors put to test for the first time the new design for Jim Pattison Children's Hospital maternal floor.

During the 2014 event, they used real data from today's labour and delivery, and postpartum units. Hour by hour, the team re-created their path using the new design and family-centred principles of care, with the goal of no patient moves related to capacity. Each hour was photographed, and planning principles documented.

This time, the team took those photographs from the 2014 event and added the proposed staffing model, testing to see what would work.

The team places how providers would support patients in the new floor plan

Again, the goal was to have no unnecessary patient moves and to minimize walking distance for providers. As part of this, the team also clarified the roles and responsibilities for each provider and determined required training for providers in the next few years given the change in how care is being delivered.

They also identified, tested and developed improved work processes, some of which will be incorporated now in anticipation of move-in date.

Read the full version of this story at:
https://www.saskatoonhealthregion.ca/stories/Pages/2016/A-new-way-of-providing-maternal-care.aspx

Operating Budget Variance

For the 2016-2017 fiscal year Saskatoon Health Region received revenues of $1.268 billion and incurred expenses of $1.264 billion resulting in an operating surplus of $4.28 million (2015-2016 - $35.66 million deficit). This is equivalent to 0.3 per cent of overall expenditures or approximately 1.2 days of operations. Overall, $1.161 billion or 91.5 per cent of operating funding was provided by the Ministry of Health.

The $1.264 billion in operating expenses averaged to $3.46 million per day to meet the health needs of the community. These costs were distributed as follows:

- $868 million or 69 per cent was spent on providing services to patients and residents in our facilities
- $153 million or 12 per cent spent on community-based, primary health, home care, population health and mental health services
- $156 million or 12 per cent on operational support services (such as laboratory, diagnostic imaging and pharmacy services)
- $87 million or 7 per cent on support and ancillary services (such as parking and retail food services)

In 2016-2017 Saskatoon Health Region made impressive gains, moving from a forecast double-digit deficit at the beginning of the year to a surplus at the close of the fiscal year. The Region began the 2016-2017 fiscal year with a forecasted $30.8 million shortfall in revenues over expenses including the impact of volume and demographic pressures. In order to achieve a balanced position, a sustainability plan was developed to close the gap between revenue and expenses. 172 savings initiatives resulted in $23.6 million in savings which was $0.3 million more than initially planned. The Region received $20.9 million in one-time grant funding from the Ministry of Health in March 2017 in recognition of the service pressures experienced from increased volumes and population growth over the years.

Saskatoon Health Region experienced volume and demographic pressures in 2016-2017. Compared to the previous year, adult and child patient days increased by 4.5 per cent (13,577 days). Neonatal Intensive Care Unit (NICU) and newborn days increased by 3.7 per cent (731 days), deliveries decreased by 0.5 per cent (27 deliveries) and emergency visits decreased by 3.1 per cent (3,756 visits). Discharges increased by 2.0 per cent (816) which indicates that 816 more patients were treated in comparison to the prior year. The average length of stay for patients in the three Saskatoon acute care sites increased by 3.8 per cent (0.29 days). Regional Home Care nursing visits decreased by 17.8 per cent (54,558 visits) and home services visits decreased by 6.0 per cent (34,323 visits).

Total paid sick hours increased from last fiscal year by 3.9 per cent, paid and banked overtime hours decreased by 13.2 per cent, orientation hours decreased by 21.9 per cent and total paid full-time equivalents decreased by 0.8 per cent. Paid hours were 0.8 per cent lower than last year.

Saskatoon Health Region received capital funding of $33.64 million of which $18.75 million or 55.7 per cent of capital revenue was provided by funding from the Ministry of Health. The remainder of the funding was received from various sources such as the Region's hospital foundations ($6.45 million), eHealth Saskatchewan ($3.16 million), investment income ($1.37 million) and other funding sources ($3.91 million). The capital expenses for 2016-2017 were $41.59 million including $37.55 million for amortization. The Capital Fund ended the year with a deficit of $7.95 million due to the timing of revenue and expense recognition.

Approximately 12 per cent of the capital spending was spent on medical equipment, diagnostic imaging equipment and information technology while 88 per cent was spent on capital and infrastructure projects including significant progress on the Jim Pattison Children's Hospital.

UNIT OVERVIEW

Pathology and Laboratory Medicine

In 2016-2017 Pathology & Lab Medicine worked hard to achieve full accreditation. The development of our Quality Management System required focused effort to document policy and process in 12 essential areas: organization, customer focus, facilities and safety, personnel, purchasing and inventory, equipment, process management, documents and records, information management, nonconformance management, assessments and continual improvement. This framework supports a level of quality required to ensure our system is functioning at or above all accreditation standards and to deliver safe and efficient care.

Our Pathology division has been challenged with a demand for service that is above the capacity we can manage safely. Over the past year, we worked hard to identify investment into staffing levels, training and workflow to enable our lab to meet the demands. This area is also undergoing transformational change to the core laboratory at SCH as the result of an anonymous donation to the SCH Foundation. This donation has provided support to upgrade space and equipment and will support the purchase of a Specimen Tracking System to ensure tracking of the approximately 600,000 specimens in various forms throughout multiple process steps in pathology.

Laboratory Medicine has also worked through many major initiatives focused on patient flow and safety:

- *A major upgrade to software of our lab information system was completed and the system extended to capture the lab at Humboldt District Hospital.*
- *A courier system was implemented for our rural areas – ensuring safe and efficient transport of lab specimens.*
- *Equipment purchase process has begun to upgrade outdated equipment in Chemistry, Hematology and Transfusion Medicine.*

- *The Chemistry laboratory has updated equipment for urinalysis testing to include an automated microscopic examination, and upgraded blood gas analyzers at SPH and RUH sites.*
- *The Mark Baltzan HLA Laboratory has expanded services to provide post-transplant screening and also added testing to support our HIV population.*
- *Microbiology has implemented pre-analytical automation to manage the increased workload in a safe and efficient manner.*
- *The laboratory has also worked closely with Patient Safety to provide input to the upgrade of the Safety system. This will ensure that data is available to support our process improvement work and our culture of continuous improvement.*
- *Our service has worked to detail needs in preparation for the opening of the Jim Pattison Children's Hospital.*
- *The management team was successful, working with our Saskatchewan Polytechnic and RQHR partners to increase the enrollment to the Medical Laboratory Technologist training program in fall of 2016.*

As we work to accomplish so many important improvements, we also are balancing the staffing challenges that we have faced over this past year. Our recruitment efforts have managed a 7 per cent turnover rate over the past year. We are proud of our staff and the work that they have committed to in 2016-2017 to enhance the care for our patients, residents and clients.

Workload 2016-2017: 10.6 million tests – A 2 per cent increase over previous year.